

**MONTANA DEPARTMENT OF ENVIRONMENTAL QUALITY
PERMITTING AND COMPLIANCE DIVISION
WASTE MANAGEMENT SECTION
PO BOX 200901
HELENA, MT 59620-0901
Phone: (406) 444-5300
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SOLID WASTE MANAGEMENT SYSTEM LICENSE RENEWAL APPLICATION SMALL COMPOSTER OPERATIONS FOR JULY 1, 2007 - JUNE 30, 2008

I. **FACILITY LICENSE NUMBER** _____ **TAX ID NUMBER** _____

II. **NAME OF FACILITY** _____

III. **FACILITY LOCATION**

Street or Route Number **(DO NOT USE P.O. BOX)**

City State Zip County

IV. **MAILING ADDRESS**

Street or P.O. Box

City State Zip

V. **NAME OF LICENSEE** _____

VI. **CONTACT PERSON** (Person who may be contacted about the operations of the facility, information contained in this report, and to whom inspection reports should be sent.)

Name _____

VII. **CONTACT INFORMATION**

(Work) _____ (Cell Phone) _____

(Fax) _____ (E-mail) _____

VIII. **MAILING ADDRESS OF CONTACT PERSON**

Street or P.O. Box

City

State

Zip

IX. SYSTEM CAPACITY

A. **SERVICE AREA** (List all areas served by your facility or system_____

B. **POPULATION OF SERVICE AREA**_____

C. **ESTIMATE THE TOTAL CUBIC YARDS OF RAW COMPOSTABLES ON-SITE AS OF JANUARY 1, 2007.**_____ **CUBIC YARDS**

X. QUESTIONNAIRE (Answers provide information on the status of waste handling in the state.)

A. List the types of material(s) you accepted for composting, and give the approximate weight or volume of the amount composted.

TYPE AND AMOUNT OF RAW COMPOSTABLES ACCEPTED (specify volume received for each type)		VOLUME OR WEIGHT OF COMPOST PRODUCED (specify yds ³ or tons produced)	
1.	_____	1.	_____
2.	_____	2.	_____
3.	_____	3.	_____

What composting method was used? (Windrows, static aerated piles, etc.)_____

Is this activity presently described in your operation and maintenance plan on file with the Department? Yes () No ()

B. Has the design capacity or operating plan of your facility changed in the last years?
Yes () No ()

If so, provide a description of the changes made:

- C. The Department is periodically contacted by research organizations, sales personnel, and members of the general public requesting mailing lists for Montana Solid Waste Facilities. State law prohibits the Department from providing a mailing list to non-governmental individuals without the operator's permission. **Do you want your facility name released for use on mailing lists.** Yes () No ()

XI. **CERTIFICATION** (An authorized representative of the solid waste management system must sign and date the certification.)

I, the undersigned, hereby certify that the foregoing information is true and correct to the best of my knowledge and belief.

Authorized Signature:_____

Print Name Here:_____

Title:_____ **Date:**_____